

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10/509673

FILING DATE

APPLICANT NO.

CLAIMS

AS FILED

AFTER
IN AMENDMENT

AFTER
1st AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

AS FILED

AFTER
IN AMENDMENT

AFTER
1st AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

1			
2			
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9	1	2	
10	2	2	
11	4	2	
12	1	2	
13	2	2	
14	2	2	
15	1	2	
16	2	2	
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49			
50			

TOTAL
IND.

2

2

2

TOTAL
DEP.

22

20

20

TOTAL
CLAIMS

23

22

22

TOTAL
IND.

2

2

2

TOTAL
DEP.

2

2

2

TOTAL
CLAIMS